

Appendix 2. Model Written Notice to NYSDEC of Pharmacy Intent to Transport Sharps

The sponsoring facility, *(insert name of pharmacy)*, will transport sharps collected on-site to *(name of a NYS Department of Environmental Conservation-approved storage, treatment or disposal facility)* on a *(insert periodicity)* basis for ultimate treatment and disposal at *(insert name of DEC-approved storage, treatment or disposal facility)*.

A Regulated Medical Waste Tracking Form will accompany all shipments of used sharps and the sponsoring facility agrees to maintain a copy of all tracking for a period of three years (form attached).

Note: Questions or requests for clarification regarding the Written Notice to NYSDEC of Intent to Transport Sharps may be directed to Alan Woodard at the NYS Department of Environmental Conservation at 518/402 - 8693.